

## EXHIBIT 7

DEA # AM907208

WALLACE B. MCGAHAN, JR., M.D.  
3208 ELAMVILLE STREET  
CLD, AL 36017  
334-397-4433  
AL Lic No. 9863

NAME

*Johnny Sesser*

ADDRESS

Date *3-1-02*☒ (Please Print)

*Refer: Pain Clinic?*  
*7-4-02*

*Ox Lower back Pain*

☐ LAST

Name

Date

*per* W. B. MCGAHAN, M.D., P.O.  
106 ELAMVILLE ROAD  
P.O. BOX 67  
CLD, ALABAMA 36017

PRODUCT SELECTION PERMITTED

M.D.

DISPENSE AS WRITTEN

M.F.

14FEB-02

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